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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/847,472
		Filing Date	05/02/2001
		First Named Inventor	Russell E. Stubbings
		Group Art Unit	3612
		Examiner Name	Morrow, Jason S.
Total Number of Pages in This Submission	14	Attorney Docket Number	30267-3

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Check No. 137049 for \$55.00;
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Check No. 137084 for \$84.00;
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	and return postcard.
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Peter R. Martinez, Reg. No. 42,845
Signature	
Date	03/12/2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

March 12, 2003

Typed or printed name	Jeff Beno		
Signature		Date	03/12/2003

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PTO/SB/17 (10-02)
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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** **55.00**

Complete if Known

Application Number	09/847,472
Filing Date	May 2, 2001
First Named Inventor	Russell E. Stubbings
Examiner Name	Morrow, Jason S.
Art Unit	3612
Attorney Docket No.	30267-3

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METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number **50-2298**
Deposit Account Name **Luce, Forward, Hamilton & Scripps LLP**

The Commissioner is authorized to: (check all that apply)
 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Fee Code (\$)	Small Entity	Fee Code (\$)	Fee Description	Fee Paid
	1001	740	2001	370	Utility filing fee
	1002	330	2002	165	Design filing fee
	1003	510	2003	255	Plant filing fee
	1004	740	2004	370	Reissue filing fee
	1005	160	2005	80	Provisional filing fee
SUBTOTAL (1) (\$)					

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
				-20** = X = 	
5				- 3** = X 42.00 = 84.00	

Large Entity	Small Entity	Fee Description
	1202	18
	2202	9
		Claims in excess of 20
	1201	84
	2201	42
		Independent claims in excess of 3
	1203	280
	2203	140
		Multiple dependent claim, if not paid
	1204	84
	2204	42
		** Reissue independent claims over original patent
	1205	18
	2205	9
		** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		

**or number previously paid, if greater; For Reissues, see above

(\$) **84.00**

*Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$)** **55.00**

(Complete if applicable)

Name (Print/Type)	Peter R. Martinez	Registration No. (Attorney/Agent)	42,845	Telephone	(858) 720-6300
Signature				Date	March 12, 2003

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